

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-372)**

SERIAL NO. 10-069,347 FILE
APPLICANT(S) _____

	AS FILED		AFTER RE-AMENDMENT		AFTER RE-AMENDMENT		CLAIMS			
	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL CLAIMS	9									
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